

3624

ENTEREDWATER WELL REPORT
STATE OF WASHINGTONStart Card No. **NA1591**
Water Right Permit No.

(1) OWNER: Name **GARRISON, BURT** Address **4108 S WILKES GARY HTS CANANO ISLAND, WA 98292-**

(2) LOCATION OF WELL: County **ISLAND** - NW 1/4 NW 1/4 Sec 25 T 30 N. R 3E WM

(3) STREET ADDRESS OF WELL (or nearest address) **EAGLE RIDGE**

(3) PROPOSED USE: **DOMESTIC**

(4) TYPE OF WORK: Owner's Number of well
(If more than one) **1**
Method: **ROTARY**

NEW WELL

(5) DIMENSIONS: Diameter of well **6** inches
Drilled **380** ft. Depth of completed well **375** ft.

(6) CONSTRUCTION DETAILS:
Casing installed: **6** " Dia. from **+2.5** ft. to **366.5** ft.
WELDED Dia. from ft. to ft.
Dia. from ft. to ft.

Perforations: **NO**

Type of perforator used

SIZE of perforations

	ft. to	in. by	ft.	in.
perforations from	ft. to	ft.		
perforations from	ft. to	ft.		
perforations from	ft. to	ft.		

Screens: **YES**

Manufacturer's Name

HOWARD SMITHType **STAINLESS STEEL**Model No. **KO**Diam. **6** slot size **40** from **365** ft. to **370** ft.Diam. **6** slot size **30** from **370** ft. to **375** ft.Gravel packed: **NO**

Size of gravel

Gravel placed from ft. to ft.

Surface seal: **YES**To what depth? **18** ft.Material used in seal **BENTONITE**Did any strata contain unusable water? **NO**

Type of water?

Depth of strata ft.

Method of sealing strata off

(7) PUMP: Manufacturer's Name
Type H.P.

(8) WATER LEVELS: Land-surface elevation
above mean sea level ... ft.
Static level **322** ft. below top of well Date **05/19/94**
Artesian Pressure lbs. per square inch Date
Artesian water controlled by

(9) WELL TESTS: Drawdown is amount water level is lowered below static level.
Was a pump test made? **NO** If yes, by whom?
Yield: gal./min with ft. drawdown after hrs.

Recovery data

Time	Water Level	Time	Water Level	Time	Water Level
------	-------------	------	-------------	------	-------------

Date of test / /

Galler test **3** gal./min. **1** ft. drawdown after **2.5** hrs.Air test **20** gal./min. w/ stem set at **371** ft. for **1** hrs.

Artesian flow g.p.m. Date

Temperature of water Was a chemical analysis made? **NO**

(10) WELL LOG

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change in formation.

MATERIAL	FROM	TO
BROWN GRAVEL SILT SAND	0	15
BROWN GRAVEL SAND	15	52
BROWN GRAVEL SAND - SEEPAGE	52	63
BROWN SAND SILT	63	67
BROWNISH-GRAY CLAY LAYERED	67	92
BROWN SAND GRAVEL	92	136
BROWN GRAVEL SAND	136	268
BROWN CLAY SILT SAND	268	273
GRAVEL	268	273
BROWN SAND SILT	273	285
GRAY SAND SILT - SEEPAGE	285	306
GRAY CLAY SILT	306	312
GRAY CLAY SILT SAND	312	320
LAYERED	312	320
GRAY SAND & WATER	320	324
GRAY CLAY SILT	324	330
BROWN SAND SILT - SEEPAGE	330	349
BROWN GRAVEL SAND & WATER	349	370
GRAY GRAVEL SAND & WATER	370	378
GRAY SAND SILT & WATER	378	

RECEIVED**JUN - 3 1994****DEPT. OF ECOLOGY**Work started **05/16/94**Completed **05/19/94**

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME **HAYES DRILLING, INC.**

(Person, firm, or corporation) (Type or print)

ADDRESS **556 ERSNIG RD. BOW, WA**(SIGNED)  License No. **1825**

Contractor's

Registration No. **HAYESDI106J5**Date **06/01/94**

WELL SITE MEETS ALL SIGHTING CRITERIA UNDER I.C.C. 8.09 BASED ON
INFORMATION SUPPLIED BY THE OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE.

3557



30-3E-25D

Well Tagging Form

Unique Well Tag No: BBF 098

RECORD VERIFICATION (check ☒ one)



Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you).

If a well report is not available, please complete a "Water Well Report for an Existing Well" form. This form is available at Ecology's headquarters office. **Do not use this form for wells that do not have a Water Well Report.**

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name: J. Burt Last Name: Garrison

Street Address: 4108 Wilkes Gary Heights Rd

City: Camano Island State: WA

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: Eagle Ridge Rd.

City: Camano Island County: Island

T. 30 N. R. 3 E W.M. Sec. 25 NW $\frac{1}{4}$ of the NW

FOR AGENCY USE ONLY

Latitude _____"

Longitude _____"

Elevation at land surface _____ feet/meters (circle one)



GPS



Topographic Map



Survey



Computer generated



Digital Altimeter



Topographic Map



Other _____

Additional information, if available:



Location marked on topographic map (please attach)



Location marked on air photo (please attach)

RECEIVED

OCT 28 2008

DEPT. OF ECOLOGY

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical description of well (size of casing, type of well, housing, etc.)

Location of Well identification Tag:

Was supplemental tag need for ease of identifying well ☐ Yes ☐ No

If yes, where was tag placed? _____

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

Scale 1:24,000 (1" = 2,000')

Indicate the location of the well within the Section by drawing a dot at that point

SECTION _____

COMMENTS:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Water Right # _____ Date Issued _____

Circle One: Application Permit Certification Claim Exempt

3624

ENTERED

29 (RW-1)
WATER WELL REPORT
STATE OF WASHINGTONStart Card No. 41512
Water Right Permit No. 1

(1) OWNER: Name GARRISON, BURT

Address 4108 B MILKER QUAY NTH CASHO ISLAND, WA 98292

NW 1/4 NW 1/4 Sec 25 T 30 N. R 3E WM

(2) LOCATION OF WELL: County ISLAND

(2a) STREET ADDRESS OF WELL (or nearest address) EAGLE RIDGE

(3) PROPOSED USE: DOMESTIC

(10) WELL LOG

(4) TYPE OF WORK:

Owner's Number of well
(If more than one) 1
Method: ROTARY

NEW WELL

Formation: Describe by color, character, size of material and structure, and show thickness of layers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change in formation.

(5) DIMENSIONS:

Diameter of well 6 inches
Drilled 380 ft. Depth of completed well 375 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 Dia. from 42.5 ft. to 366.5 ft.
WELDED Dia. from ft. to ft.
Dia. from ft. to ft.

Perforations: NO

Type of perforator used

Size of perforations in. by in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

Screens: YES

Manufacturer's Name HOWARD SMITH
Type STAINLESS STEEL Model No. KO
Diam. 6 slot size 40 from 365 ft. to 370 ft.
Diam. 6 slot size 30 from 370 ft. to 375 ft.

Gravel packed: NO

Gravel placed from ft. to ft. Size of gravel

Surface seal: YES

to what depth? 18 ft.

Material used in seal BENTONITE

Did any strata contain unusable water? NO

Type of water? Depth of strata ft.

Method of sealing strata off

(7) PUMP: Manufacturer's Name

Type

H.P.

(8) WATER LEVELS:

Land-surface elevation 321 ft.
above mean sea level

Static level 322 ft. below top of well Date 05/19/94

Artesian Pressure lbs. per square inch Date

Artesian water controlled by

(9) WELL TESTS: Drawdown is amount water level is lowered below static level.

Was a pump test made? NO If yes, by whom?

Yield: gal./min with ft. drawdown after hrs

Recovery data

Time Water Level Time Water Level Time Water Level

Date of test 1/1

Ball test 3 gal./min. 1 ft. drawdown after 2.5 hrs.

Air test 20 gal./min. w/ stem set at 371 ft. for 1 hrs.

Artesian flow p.p.m. Date

Temperature of water Was a chemical analysis made? NO

Work started 05/16/94

Completed 05/19/94

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME HAYES DRILLING, INC.

(Person, firm, or corporation) (Type or print)

ADDRESS 556 ERSKIN RD. BOM, WA

(SIGNED) License No. 1875

Contractor's

Registration No. HAYES0110635

Date 06/01/94

WELL SITE MEETS ALL SIGHTING CRITERIA UNDER I.C.C. 8.09 BASED ON INFORMATION SUPPLIED BY THE OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE.

3557

RECEIVED

OCT 28 2008

DEPT OF ECOLOGY
WATER WELL REPORT FOR RW-1Geo  Engineers

FIGURE 2